| City of Bossi | er City | Number | | | | |
|--------------------------------|--------------------------|---------------------------------------|---|---|---|--|
| VERSUS | | | Bossier City Court | | | |
| | | | | Bossier Par | ish, Louisiana | |
| | | | | | | |
| | | MOTION | FOR EXP | UNGEMENT | | |
| NOW IN with this request: | | mover, who | provides the | court with the fo | ollowing information in connection | |
| I. | DEFENDANT INF | ORMATIC | DN | | | |
| | | | | | | |
| (Last No | , | x | irst Name) | | (Middle Initial) | |
| DOB:/ | // | _ (MM/DE |)/YYYY) | | | |
| GENDER | FemaleN | lale | | | | |
| SSN (last 4 digits | :): XXX-XX | | | | | |
| RACE: | | | - | | | |
| DRIVER LIC.#_ | | | — | | | |
| ARRESTING AC | GENCY: | | | | | |
| SID# (if available | 2): | | | | | |
| ARREST NUMB | ER (ATN): | | | | | |
| | | | | | | |
| Mover is | | the record o | f his arrest/c | | nt to Louisiana Code of Criminal | |
| II. | ARREST INFORM | IATION | | | | |
| 1. Mover was arre | ested on/ | / | (MM/DD/ | YYYY) | | |
| 2. YES | | | | | onvictions is attached after page 2 | |
| Mover was: | | this Motior | | | sirreitons is attached after page 2 | |
| | | | | | | |
| YES YES | | | | It in conviction | meanor | |
| YES | | | | expunge a felony | | |
| | Please number each | | | | offense booked and charged ber 1. Attach a supplemental sheet, | |
| Yes No | ARRESTS TH | AT DID NO | OT RESULT | IN CONVICT | ION | |
| ITEM NO | La. Rev. S Name of th | | § | :: | | |
| | | Not p Pre-t DWI date Char | prosecuted for rial Diversion Pre-Trial Di of arrest ge dismissed | r any offense ari n Program version Program | // (MM/DD/YYYY sing out of this charge and 5 years have elapsed since the hittal | |
| ITEM NO | La. Rev. S Name of th | | § | | | |
| | | Not p Pre-t DWI date Char | prosecuted for rial Diversion Pre-Trial Di of arrest ge dismissed | r any offense ari n Program version Program | // (MM/DD/YYYY sing out of this charge and 5 years have elapsed since the uittal | |

| ITEM NO | La. Rev. Stat. Ann. §: | | | | |
|---------|---|--|--|--|--|
| | Time expired for prosecution/(MM/DD/YYYY) Not prosecuted for any offense arising out of this charge Pre-trial Diversion Program DWI Pre-Trial Diversion Program and 5 years have elapsed since the date of arrest Charge dismissed Found not guilty/judgment of acquittal | | | | |
| Yes No | MISDEMEANOR CONVICTIONS | | | | |
| ITEM NO | La. Rev. Stat. Ann. §: Name of the offense | | | | |
| | Conviction set aside/dismissed //_// Pursuant to C.Cr.P. Art. 894(B) (MM/DD/YYYY) More than 5 years have passed since complete of sentence. | | | | |
| ITEM NO | La. Rev. Stat. Ann. §: Name of the offense | | | | |
| | Conviction set aside/dismissed /// Pursuant to C.Cr.P. Art. 894(B) (MM/DD/YYYY) More than 5 years have passed since complete of sentence. | | | | |
| Yes No | FELONY CONVICTIONS | | | | |
| ITEM NO | La. Rev. Stat. Ann. §: Name of the offense | | | | |
| | Conviction set aside/dismissed//Pursuant to C.Cr.P. Art. 893(E)(MM/DD/YYYY)More than 5 years have passed since complete of sentence. | | | | |
| ITEM NO | La. Rev. Stat. Ann. §: Name of the offense | | | | |
| | Conviction set aside/dismissed//Pursuant to C.Cr.P. Art. 894(B)(MM/DD/YYYY)More than 5 years have passed since complete of sentence. | | | | |
| Yes No | OPERATING A MOTOR VEHICLE WHILE INTOXICATED CONVICTIONS | | | | |

Mover has attached the following:

A certified letter of compliance in accordance with C.Cr.P. Art. 984 from the Department of Public Safety and Corrections, office of motor vehicles that it has received from the clerk of court a certified copy of the record of the plea, fingerprints of the defendant, and proof of the requirements set forth in C.Cr.P.Art. 556, which shall include the defendant's date of birth, last four digits of social security number, and driver's license number

5. Mover has attached to this Motion the following pertinent documents:

Criminal Background Check from the La. State Police/Parish Sheriff dated within the past 30 days (required).

Bill(s) of Information (if any).

Minute entry showing final disposition of case (if any).

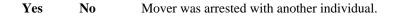
Certification Letter from the District Attorney for fee waiver (if eligible).

Certification Letter from the District Attorney verifying that the applicant has no convictions or pending applicable criminal charge in the requisite time periods.

Certification Letter from the District Attorney verifying that the charges were refused.

Certification Letter from the District Attorney verifying that the applicant did not participate in a pretrial diversion program.

A copy of the order waiving the sex offender registration and notification requirements.



The Mover prays that if there is no objection timely filed by the arresting law enforcement agency, the district attorney's office, or the Louisiana Bureau of Criminal Investigation and Information, that an order be issued herein ordering the expungement of the record of arrest and/or conviction set forth above, including all photographs, fingerprints, disposition, or any other such information, which record shall be confidential and no longer considered a public record, nor be made available to other persons, except a prosecutor, member of a law enforcement agency, or a judge who may request such information in writing, certifying that such request is for the purpose of prosecuting, investigating, or enforcing the criminal law, for the purpose of any other statutorily defined law enforcement or administrative duties, or for the purpose of the requirements of sex offender registration and notification pursuant to the provisions of R.S. 15:541, et seq. or as an order of this Court to any other person for good cause shown, or as otherwise authorized by law.

If an "Affidavit of No Opposition" by each agency named herein is attached hereto and made a part hereof, Defendant requests that no contradictory hearing be required and the Motion be granted ex parte.

Respectfully submitted,

Signature of Attorney for Mover/Defendant

Print Name of Attorney

Attorney's Bar Roll No.

Address

City, State, ZIP Code

Telephone Number

If not represented by counsel:

Signature of Mover/Defendant

Print Name

Address

City, State, ZIP Code

Telephone Number